TRAVEL EXPENSE CLAIM											Page	1 	1	rages	
STD. 262 (REV. 6/93)  CLAIMANT'S NAME  Anthony P. Sauer						SSAN OR EMPLOYEE NUMBER* DEPA						PARTMENT			
												Rehabilitation			
Antinoi	iy i . Oau	Ci		CB/ID NUMB	ER	DIVISION OR	BUREAU				11011	abilitatio	T T		
813-001-9785-001 E99						Director's Office							TELEBUIONE	WWDED.	
					HEADQUARTERS ADDRESS							(O1C) F			
CITY STATE ZIP CODE						721 Capitol Mall						(916) 558-58 STATE ZIP (		ZIP CODE	
						Sacramento						CA	CA		
MONTH	(1) YEAR	(3)	(4)	(5)	MEALS		(6)	(7)	TRAN	SPORTATION	NC		(8)	(9)	
May	2009	LOCATION				O.T., L/T	1	(A)	(B)	(C) TOLLS,		(D)	1	TOTAL	
(2)		WHERE EXPENSES	LODGING	BREAK-			INCIDEN-	COST OF	TYPE	CARFARE,		TE CAR USE	BUSINESS	EXPENSES	
DAY	TIME	WERE INCURRED		FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
29	1430	Sacto to Van Nuys	135.66			18.00	6		PC A		15	8.25		167.91	
30		CSU Northridge	135.66	6.00	10.00	18.00	6.00					0.00		175.66	
1	104F			6.00	10.00	19.00			PC	44.00	60	24.10		110.10	
1	1945			6.00	10.00	18.00			PC	44.00	62	34.10		112.10	
												0.00		0.00	
4	900	Sacto to Ontario			10.00	18.00	6.00		PC		62	34.10		68.10	
5	1630	Ontario to Sacto		6.00	10.00				۲۷		62	34.10		50.10	
10	1415	Residence to Fresno	94.08			18.00	6.00		PC		60	33.00		151.08	
					40.00									40.00	
11	1715			6.00	10.00									16.00	
(10)															
SUBTOTALS 365.40 CLAIM CODE (ACCTG. USE ONLY)		24.00	50.00	90.00	24.00	0.00		44.00	261	143.55	0.00	769.95			
JLAIN	I CODE (	ACCIG. USE ONLY)													
	CLAI	M TOTAL										Luc North	\$	769.95	
(11) PUF	RPOSE OF T	TRIP, REMARKS AND DETAILS (Attack	h receipts/vouch	ers when red	quired)							(12) NORMAL	WORK HOURS		
	or's Office	e 001 - e Technology (AT) program at	4/27 - 5/1=						etings	and	-	(13) PRIVATE	VEHICLE LICE	NSE NUMBER	
		Blind Field Services Counselo						and			-	(14) MILEAGE	RATE CLAIMEI	\$0.550	
											-	AGENC	v vccon	•	
												AGENCY ACCOUNTING OFFICE USE ONLY			
15) I HER	ERY CERTIFY	That the above is a true statement of the trave	el evnenses incurre	d by me in acco	rdance with DP.	A rules in the ser	vice of the State	of California If a	nrivately	,		PAID BY REVO	LVING FUND CI	HECK NUMBER	
wned veh	nicle was used,	and if mileage rates exceed the minimum rate,	I certify that the co	st of operating t	the vehicle was	equal to or great				•					
	net the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and se CLAIMANT'S SIGNATURE  DATE						(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYME						DATE		
>	Origina	al signed by Anthony Sa	auer			>	Origina	l signed l	oy Lı	uciana I	Profa	ca			
	_	NSE AUTHORIZATION - SIGNATURE		e Item 17 on r	reverse)		<u> </u>	J	,	-			DATE		